

FLOAT PLAN

Remember: Do not file this plan with the U.S. Coast Guard or National Park Service. Leave this form with a friend or family member. Be sure to contact them in case of a delay, and always when you return.

1. Operator of Boat

Name _____ Age _____ Health _____
Phone _____ Address _____
Operator's Experience _____

2. Description of Boat

Make _____ Type _____
Registration/Documentation _____ No. _____ Length _____
Color _____ Distinguishing Features _____

3. Survival Equipment

of: PFD's _____ Flares _____ Mirror _____ Smoke signal _____ Flashlight _____
Water _____ Food _____ EPIRB _____ Other _____

4. Communications

Marine radio: Yes _____ No _____ Cell Phone _____
Other _____

5. Trip Expectations

Depart from _____ Departure date _____ Time _____
Going to _____ Arrival date _____ Time _____
If operator has not arrived/returned by: Date _____ Time _____

Call the Coast Guard or local authority at the following number: 906-226-3312

6. Vehicle Description

License no _____ Make _____ Model _____
Color _____ Where is vehicle parked? _____

7. Other Person on Board or Traveling with you?

Name _____ Age _____
Phone _____ Medical conditions _____
Boat type, color _____

8. Additional Information